FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAY -1 PM 1:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F95000003379

1. Corporation Name
ABN AMRO INCORPORATED

Principal Place of Business	Mailing Address
208 S. LaSalle Street Chicago, IL. 60604	135 S. LaSalle Dr. c/o Dan Koehler Chicago, IL. 60603

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 135 S. LaSalle St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 c/o Martin Eisenberg, Ste. 860
City & State 23	City & State 28 Chicago, IL.
Zip / Country 24 / 25	Zip / Country 29 60603 / 30 USA

3. Date Incorporated or Qualified: 07/14/95

4. FEI Number: 13-3227945 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T Corporation System 1200 South Pine Island Road Plantation, FL. 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President & COO/Director ☐ DELETE Wilbert A. Thiel 208 S. LaSalle Street Chicago, IL. 60604	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 800002514458--7 -05/07/98--01003--004 ******8.75 ******8.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Exec. V.P / Secretary ☒ DELETE Perry L. Taylor, Jr. 208 S. LaSalle Street Chicago, IL. 60604	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Secretary John Kramer 208 S. LaSalle Street Chicago, IL. 60604 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President ☐ DELETE Martin L. Eisenberg 135 S. LaSalle Street Chicago, IL. 60603	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 800002514458--7 -05/07/98--01003--005 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director ☐ DELETE John A. Wing 208 S. LaSalle Street Chicago, IL. 60604	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director ☐ DELETE Harrison F. Tempest 135 S. LaSalle Street Chicago, IL. 60603	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director ☐ DELETE Alexander Kloosterman 135 S. LaSalle Street Chicago, IL. 60603	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Martin L. Eisenberg VP 04/30/98 (312) 904-2209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1